

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|-------------|---------|
| FEE DETERMINATION | <i>SM</i> | | 1/30/00 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | <i>1000</i> | 5-12-00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 (Through numeral) Canceled A Appeal
 + Restricted O Objected

09/483,712

| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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